## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10806889

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                                       |                                      |                                       |                  |     | SMALL ENTITY TYPE  |                        |         |                    | THAN                   |
|--|---|---|---------------------------------------|--------------------------------------|---------------------------------------|------------------|-----|--------------------|------------------------|---------|--------------------|------------------------|
| TOTAL CLAIMS   |   |   | By                                    |                                      | (Coldinit 2)                          |                  | 1   |                    |                        | OR<br>7 |                    | ENTITY                 |
|  |   |   |                                       |                                      | · · · · · · · · · · · · · · · · · · · |                  |     | RATE               | FEE                    | ┨ .     | RATE               | . FEE                  |
| FOR  |   |   | NUMBER FILED                          |                                      | NUMBER EXTRA                          |                  | -   | BASIC FEI          | 385.00                 | OR      | BASIC FEE          | 770.00                 |
| T  | OTAL CHARGE   | ABLE CLAIMS                                 | minus 20=                             |                                      |                                       |                  |     | X\$ 9=             |                        | OR      | X\$18=             |                        |
| II   | DEPENDENT (   |   | <del></del>                           | ninus 3 =                            |                                       | <b></b>          |     | X43=               |                        | OR      | X86=               | 86                     |
| М  | ULTIPLE DEPE  | NDENT CLAIM F                               | RESENT                                |                                      |                                       | <u> </u>         |     | +145=              |                        | OR      | +290=              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2               |   |   |                                       |                                      |                                       |                  | •   | TOTAL              |                        | OR      | TOTAL              | 856                    |
|  | . (   | OTHER THAN                                  |                                       |                                      |                                       |                  |     |                    |                        |         |                    |                        |
| (Column 1)   |   |   | T                                     | (Colum                               |                                       | (Column 3) SMAL  |     |                    | ENTITY                 | OR      | SMALL              |                        |
| AMENDMENT A  | 3/4/07  | REMAINING<br>AFTER<br>AMENDMENT             |                                       | NUME<br>PREVIO<br>PAID F             | BER                                   | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |
| Ş<br>Q   | Total   | • 8,/                                       | Minus                                 | -2                                   | 0/-                                   | 2                |     | X\$ 9=             | ·                      | OR      | X\$18=             |                        |
| AME  | Independent   | · 4   | Minus                                 | /                                    |                                       | -/               |     | X43=               | •                      | OR      | X86≖               |                        |
| L  | FIRST PRESI   | ENTATION OF M                               | ULTIPLE DE                            | PENDENT                              | CLAIM<br>./                           | / []             | ۱ [ | +145=              |                        | OR      | +290=              |                        |
|  |   |   |                                       |                                      |                                       |                  | _   | TOTAL<br>ODIT. FEE | :                      | OR      | TOTAL<br>ADDIT FEE |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                                       |                                      |                                       |                  |     |                    |                        |         |                    |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | HIGHE<br>NUMB<br>PREVIOUS<br>PAID F  | ER<br>USLY                            | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |
| Š  | Total.  | •   | Minus                                 | **                                   | •                                     | =                |     | X\$ 9=             | ,                      | OR      | X\$18=             |                        |
| ME   | Independent   | •   | Minus                                 | ***                                  |                                       | •                |     | X43=               | <del></del>            | OR      | X86=               |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                      |                                       |                  |     | +145=              |                        |         | ;                  |                        |
|  |   |   |                                       |                                      |                                       |                  |     |                    |                        | OR      | +290=              |                        |
|  |   |   |                                       |                                      |                                       |                  |     |                    |                        | OR ,    | DOTAL              |                        |
|  |   | (Column 1)                                  | · · · · · · · · · · · · · · · · · · · | (Colum                               | n·2).                                 | (Column 3).      |     |                    | _                      |         |                    |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING .<br>AFTER<br>AMENDMENT | ·                                     | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI | er .<br>Jsly                          | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •   | Minus                                 | **                                   |                                       | B                |     | X\$ 9=             |                        | OR      | X\$18=             |                        |
|  | Independent   | • .   | Minus                                 | ***                                  |                                       | =                |     | X43=               |                        |         | X86=               |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                      |                                       |                  |     |                    |                        | OR      |                    |                        |
| • H  | .  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |                                       |                                      |                                       |                  |     |                    |                        | OR      | +290=              |                        |
| "If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter 20." |   |   |                                       |                                      |                                       |                  |     |                    |                        |         |                    |                        |
| . 1  | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                                      |                                       |                  |     |                    |                        |         |                    |                        |